DEPARTMENT OF PURIL OUT ALTH AND COOKE OFFICE								
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH								
CHILD CARE FACILITY								
INSPECTION REPORT								
REASON / GRADE Inspection Date: ESTABLISHMENT NAME:								
Regular	V	1	12/5/17	TENDER SHEPHERD	PRESC	MOO!	1 con	
Follow-Up			Time In/Out:	OWNER/OPERATOR:				
Complain	t	<u></u>	2:00PM 2:00PM	LUTHERAN CHURCH OF GUAM				
Investigat	ion	RATING	2.00 FM	LOCATION:	LOCATION: Establishment Type:			
Other:		A	Sanitary Permit No.:	HAGATNA	ccc		SERY	
				RMIT STATUS:Valid	Те	mporary .	Expired	
No. of Child	dren: 13	Male 21	Female 24 Total	Child Care License: No.: 170 163 Walid / / Provisional / / Expired				
The following items identify violations found this day in the operations and facilities which must be corrected by the payt								
inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal								
a written request for hearing must be submitted before the indicated correction date.								
ITEM*	100.0			ARKS		DEMERIT	CORRECT BY	
	A RE	GULAR	INSPECTION	WAS CONDUCTED.				
	PRE	SUON	INSPECTION (	conducted on 10	14/17			
	(OA	1			1411/			
	( ), 1	٦.						
	THE	FOLLO !	MNG WAS	OBSERVEN:		-		
	NO	VIOLAT	ions.				l i	
	"A" F	PLACATE	¥ 02162	NO				
	** [	G.CANIZI	5 # 02162	SSUED.			SHC HILL SE	
BRIEFED PIC ON ABOVE.								
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		77 77	and the same of the same		2			
	332	-05				78		
	_ 38	468						
I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.								
*Note: When any of the following items are cited above, they shall be corrected within								
*Note: When any of the following items are cited above, they shall be corrected within Received By (Name & Title): Jessage C12 December 1								
10 days of this inspection:  DEH Inspector (Name & Title):							Midol	
(2), (4), (6),			27), (28), (39) & (40).			11 ,	1	
(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40). J. GARCYA EPHO								

Rev: 08/2/05 DEH-06